

Acceptable POC
4/18/11

PRINTED: 03/24/2011
FORM APPROVED

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NV85564AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2011
NAME OF PROVIDER OR SUPPLIER HAPPY ADULT CARE II			STREET ADDRESS, CITY, STATE, ZIP CODE 2021 SEDONA MORNING DR LAS VEGAS, NV 89128		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure surveying conducted in your facility on 3/23/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was four. Four resident files were reviewed and three employee files were reviewed. The facility received a grade of B. The following deficiencies were identified:		Y 000		
Y 740 SS=E	449.272(1)(a)-(c) Indwelling Catheter NAC 449.272 1. A person who requires the use of an indwelling catheter must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The resident is physically and mentally capable of caring for all aspects of the condition, with or without the assistance of a caregiver. (b) Irrigation of the catheter is performed in accordance with the physician's orders by a medical professional who has been trained to provide that care.		Y 740		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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TITLE

(X6) DATE

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BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

4/18/11

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Y 740	Continued From page 1 (c) The catheter is inserted and removed only in accordance with the orders of a physician by a medical professional who has been trained to insert and remove a catheter. This Regulation is not met as evidenced by: Based on interview and record review on 3/23/11, the facility admitted and retained a resident who was not physically capable of caring for all aspects of an indwelling catheter (Resident #1). Severity: 2 Scope: 2	Y 740 OK 4/15/11	Y 740 a) The Facility will ENSURE NO RESIDENT will BE ADMITTED THAT CANNOT PHYSICALLY CARE FOR ALL ASPECTS OF HIS OR HER CATHETER. b) The FACILITY will CONDUCT A THOROUGH INVESTIGATION OF HEALTH CARE ISSUES AND CONCERNS FOR ALL RESIDENTS PRIOR TO ADMISSION TO FACILITY. THE ADMINISTRATOR WILL MONITOR FOR COMPLIANCE. c) 4/15/2011	
Y 743 SS=E	449.272(2) Indwelling Catheters NAC 449.272 2. The caregivers employed by a residential facility with a resident who requires the use of an indwelling catheter shall ensure that: (a) The bag and tubing of the catheter are changed by: (1) The resident, with or without the assistance of a caregiver. (2) A medical professional who has been trained to provide that care. (b) Waste from the use of the catheter is disposed of properly. (c) Privacy is afforded to the resident while care is being provided; and (d) The bag of the catheter is emptied by a caregiver who has received instruction in the handling of such waste and the signs and symptoms of urinary tract infections and	Y 743 OK 4/15/11	Y 743 a) The FACILITY will ENSURE THAT ALL CAREGIVERS BE INSTRUCTED ON CATHETER CARE, AND THE SIGNS AND SYMPTOMS OF UTI. b) ALL CHARTS will be Reviewed IMMEDIATELY FOR SPECIFIC TRAINING REQUIREMENTS REGARDING NEW RESIDENTS. THE ADMINISTRATOR will MONITOR FOR COMPLIANCE. c) 4/15/2011 See Attachment # 1 + 2	

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<p>Y 743 Continued From page 2 dehydration.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview on 3/23/11, the facility failed to ensure the caregivers of 1 of 2 residents (Resident #1), who had an indwelling catheter complied with NAC 449.272. Employee #2 stated he has emptied the catheter bag, but had not received any training on the signs and symptoms of a urinary tract infection or dehydration.</p> <p>Severity: 2 Scope: 2</p> <p>Y 830 WAIVERS SS=D</p> <p>1. The administrator of a residential facility may submit to the Division a written request for permission to admit or retain a resident who is prohibited from being admitted to a residential facility or remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734 , inclusive.</p> <p>This Regulation is not met as evidenced by:</p>	<p>Y 743</p> <p>Y 830 OK KLH/1/11</p>	<p>Y 830</p> <p>a) The FACILITY will NOT ADMIT ANY RESIDENT REQUIRING EXEMPTION FOR Foley CATHETER, or ANY SUCH RESIDENT REQUIRING ADDITIONAL OR EXCEPTIONAL CARE, WITHOUT THE WRITTEN REQUEST FOR RESIDENT ADMITTANCE.</p> <p>b) A WRITTEN REQUEST HAS BEEN SUBMITTED FOR APPROVAL FOR SAID RESIDENT #1 THE ADMINISTRATOR WILL MONITOR FOR COMPLIANCE.</p>		

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Y 830	Continued From page 3 Based on interview on 3/23/11, the facility failed to ensure a exemption was requested to admit and retain a resident with a Foley catheter (Resident #1). Severity: 2 Scope: 1	Y 830	Y830 c) 4/18/2011 See ATTACHMENT Y830 #1		
Y 936 SS=E	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review on 3/23/11, the facility failed to ensure 1 of 4 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #1-missing 2nd Step for 2011). Severity: 2 Scope: 2	Y 936 OK 4/18/11	Y936 a) ALL RESIDENTS will Receive the APPROPRIATE TB TESTING upon ADMITTANCE TO THE FACILITY. b) RESIDENT #1 Received 2ND STEP TB ALL CHARTS will Be Reviewed upon RESIDENT ADMITTANCE AND EVERY 3 MONTHS TO ENSURE COMPLIANCE ADMINISTRATOR will MONITOR FOR COMPLIANCE. c) 4/18/2011 Y936 See ATTACHMENT 1 & 2		
Y 997 SS=F	449.2756(1)(f)(3) Alzheimer's Facility-Yard fenced NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's	Y 997			

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Y 997	<p>Continued From page 4</p> <p>disease shall ensure that: (f) The facility has an area outside the facility or a yard adjacent to the facility that: (3) Is fenced.</p> <p>All gates leading from the secured, fenced area or yard to an unsecured open area or yard must be locked and keys for gates must be readily available to the members of the staff of the facility at all times.</p> <p>This Regulation is not met as evidenced by: Based on observation on 3/23/11, the facility failed to ensure 1 of 1 gates located in the backyard leading to the front of the facility was secured.</p> <p>Severity: 2 Scope: 3</p>		Y 997 	<p>Y 997 a) The FACILITY will ENSURE ALL GATES TO THE FACILITY will Be locked AT ALL TIMES.</p> <p>b) The STAFF HAS BEEN EDUCATED ON THE IMPORTANCE OF MAINTAINING A SECURE FACILITY. ADMINISTRATOR will MONITOR FOR COMPLIANCE</p> <p>c) 4/1/2011</p>	

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